

TNRCC – UNDERGROUND STORAGE TANK REGISTRATION FORMFor Use
in
TEXAS**TEXAS
NATURAL
RESOURCE
CONSERVATION
COMMISSION**

Please mail completed form to:

**Registration Section, PST Division, MC 138
Texas Natural Resource Conservation Commission
P.O. Box 13087
Austin, TX 78711-3087 (512) 239-2160**

Facility ID Number (If known)

Owner ID Number (If known)

Tax ID Number (Optional)

I. OWNER INFORMATION**II. FACILITY INFORMATION**

Owner Name

Facility Name

Mailing Address

Physical Address

City

State

Zip Code

City

State

Zip Code

TX

County

County

Contact Person

Telephone
()

Contact Person

Telephone
()**TYPE OF OWNER**☐ Private or Corporate☐ State Government☐ Local Government☐ Federal Government

Location of Records (if off-site)

TYPE OF FACILITY (Mark all that apply)☐ Retail☐ Farm or Residential☐ Wholesale☐ Fleet Refueling☐ Aircraft Refueling☐ Indian Land☐ Indus./Chem./Mfr. Plnt.☐ Other (please specify) _____

Address, City, State

Contact Person

Telephone
()Number of aboveground
storage tanks at this facility _____Number of underground
storage tanks at this facility _____**III. REGISTRATION STATUS****REASON FOR SUBMITTING FORM (Mark all that apply)**☐ Original Form☐ Ownership Change (effective date ____/____/____)☐ Owner Information Update☐ Facility Information Update☐ Tank Information Update (please complete back side of form)☐ Other (please specify) _____**IV. FINANCIAL RESPONSIBILITY**Does this facility meet financial responsibility requirements for corrective action? ☐ Yes ☐ NoDoes this facility meet 3rd party liability requirements? ☐ Yes ☐ No**If yes, please specify mechanism (Mark all that apply)**☐ Letter of Credit☐ Trust Fund☐ Insurance or Risk Retention Group☐ PST Remediation Fund*☐ Standby Trust Fund☐ Guarantee☐ Financial Test☐ Surety Bond☐ Bond Rating Test**☐ Local Gov. Fund**

* Only an acceptable mechanism for Financial Assurance until September 1, 2001. ** For local government only.

V. INSTALLER CERTIFICATION**NOTE:** This section must be completed and signed by the Installer. Leave blank if no tank installation activity is involved.

I certify that the information provided concerning recent installations is true to the best of my belief and knowledge:

Was tank testing completed during and after installation? ☐ Yes ☐ No

Installation Company Name (print) _____

Contractor's Registration Number **CRP**

Installer's Name (print) _____

Installer's License Number **ILP**

Installer Signature _____

Date Signed _____

VI. OWNER CERTIFICATION**I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.**Owner or Owner's Authorized
Representative (print) _____

Title (print) _____

Signature _____

Date Signed _____

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (UST's)

| Tank ID (e.g. 1, 2, 3 or A, B, C) | | | | |
|---|---|---|---|---|
| TANK STATUS | | | | |
| Tank Installation Date (<i>month/day/year</i>) | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Tank Capacity (<i>gallons</i>) | ____ | ____ | ____ | ____ |
| 1. Currently in Use | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> |
| 2. Temporarily Out of Service (<i>date</i>) | 2. ____/____/____ | 2. ____/____/____ | 2. ____/____/____ | 2. ____/____/____ |
| Emptied (<i>Yes/No</i>) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Permanently Abandoned In-place (<i>date</i>) (must be filled with sand or concrete, etc.) | 3. ____/____/____ | 3. ____/____/____ | 3. ____/____/____ | 3. ____/____/____ |
| 4. Permanently Removed from the Ground (<i>date</i>) | 4. ____/____/____ | 4. ____/____/____ | 4. ____/____/____ | 4. ____/____/____ |
| SUBSTANCE STORED | | | | |
| 1. Gasoline | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> |
| 2. Diesel | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 3. Kerosene | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> |
| 4. Used Oil | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> |
| 5. New Oil | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 6. Other Petroleum Substance (<i>please specify</i>) | 6. _____ | 6. _____ | 6. _____ | 6. _____ |
| 7. Hazardous Substance | 7. _____ | 7. _____ | 7. _____ | 7. _____ |
| a. Name of Principal CERCLA Substance | a. _____ | a. _____ | a. _____ | a. _____ |
| b. Chemical Abstract Service (CAS) No. | b. _____ | b. _____ | b. _____ | b. _____ |
| c. Mixture of Hazardous Substances (<i>please specify</i>) | c. _____ | c. _____ | c. _____ | c. _____ |
| 8. Mixture of Petroleum & Hazardous Substance | 8. <input type="checkbox"/> | 8. <input type="checkbox"/> | 8. <input type="checkbox"/> | 8. <input type="checkbox"/> |
| 9. Other (<i>please specify</i>) | 9. _____ | 9. _____ | 9. _____ | 9. _____ |
| UST CONSTRUCTION AND CONTAINMENT | | | | |
| 1. Single Wall (Mark all that apply) <input checked="" type="checkbox"/> | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 2. Double Wall | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 3. External Jacket System | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 4. Excavation/Trench Liner System | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 5. Piping System: | 5. _____ | 5. _____ | 5. _____ | 5. _____ |
| a. Pressurized | a. <input type="checkbox"/> | a. <input type="checkbox"/> | a. <input type="checkbox"/> | a. <input type="checkbox"/> |
| b. Suction | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
| c. Gravity | c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> |
| 6. Other (<i>please specify</i>) | 6. _____ | 6. _____ | 6. _____ | 6. _____ |
| MATERIAL OF CONSTRUCTION | | | | |
| 1. Steel | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 2. Fiberglass-Reinforced Plastic (FRP) | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 3. Composite (steel w/FRP laminate) | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 4. Concrete | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 5. Other (<i>please specify</i>) | 5. _____ | 5. _____ | 5. _____ | 5. _____ |
| RELEASE DETECTION (Mark all that apply) <input checked="" type="checkbox"/> | | | | |
| 1. Vapor Monitoring | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 2. Groundwater Monitoring | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 3. Monitoring Above Excavation Liner | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 4. Automatic In-Tank Monitoring & Inventory Control | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 5. Interstitial Monitoring for Double Wall UST's | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 6. Tightness Testing | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 7. Inventory Control | 7. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 7. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 7. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 7. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 8. Statistical Inventory Reconciliation (SIR) | 8. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 8. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 8. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 8. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 9. None | 9. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 9. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 9. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 9. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 10. Line Leak Detectors | 10. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 10. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 10. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 10. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 11. Other (<i>please specify</i>) | 11. _____ | 11. _____ | 11. _____ | 11. _____ |
| CORROSION PROTECTION (Mark all that apply) <input checked="" type="checkbox"/> | | | | |
| 1. External Dielectric Coating/Laminate/Tape/Wrap | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 1. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 2. Cathodic Protection - Installation: <input type="checkbox"/> Factory <input type="checkbox"/> Field | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 2. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 3. Composite Tank (steel w/FRP cladding) | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 3. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 4. Noncorrodible Material (e.g., FRP) | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 4. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 5. Electrical Isolation | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 5. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 6. None | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping | 6. <input type="checkbox"/> Tank <input type="checkbox"/> Piping |
| 7. Other (<i>please specify</i>) | 7. _____ | 7. _____ | 7. _____ | 7. _____ |
| SPILL AND OVERFILL PREVENTION (Mark all that apply) <input checked="" type="checkbox"/> | | | | |
| 1. Tight-Fill Fitting | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> |
| 2. Spill Container/Liquid-Tight Sump | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 3. Automatic Overfill Device: | 3. _____ | 3. _____ | 3. _____ | 3. _____ |
| a. Shut-Off Valve | a. <input type="checkbox"/> | a. <input type="checkbox"/> | a. <input type="checkbox"/> | a. <input type="checkbox"/> |
| b. Flow Restrictor Valve | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
| c. Alarm with a. or b. | c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> |
| 4. None | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> |
| Indicate VAPOR RECOVERY EQUIPMENT STATUS if gasoline is stored and dispensed at this facility, and if facility is located in an <u>ozone nonattainment</u> area: <input type="checkbox"/> Stage II equipment installation date: ____/____/____ <input type="checkbox"/> No Stage II equipment <input type="checkbox"/> Exempt <input type="checkbox"/> Qualified for ISBMG extension | | | | |